NHS
National Institute for Health Research

The Research for Patient Benefit Programme

Application checklist

The application process for the RfPB Programme is an online process, applications will only be accepted through our secure extranet. In order to complete your application, please ensure that you have completed all the tasks in the checklist below by the specified competition deadlines (see *Guidance Information for Applicants*). Failure to do so will result in your application not being accepted into this competition.

1. **Before uploading your application please ensure that all of your files are named correctly.** Failure to name the file correctly will result in its submission being rejected.	
2. **Submit your completed application form to the website.** Ensure that all mandatory fields (those marked with *) are completed. Please ensure that you have used the correct application form for the current competition. Applications submitted on forms from previous competitions will be rejected.	
3. **Submit a completed finance form for each collaborating organisation to the website.** Please ensure that all research, support and treatment costs (including excess treatment costs) are detailed. Please indicate whether you wish to claim up to 80% FEC or 100% of the total cost (see guidance notes for more details).	
4. **Submit all three mandatory annexes to the website.** If you wish to submit supporting documentation please submit this in annex 4. Please note that you will only be permitted to submit one file for each annex.	
5. **Once you have uploaded all of your files, please click on "Confirm Application Submission" to complete the application process.** Failure to do so will result in your application submission remaining incomplete.	
6. **Complete the Declaration and Signatures page and post ONLY this page to the NIHR CCF by 7 days after the competition deadline.** In the interest of the environment, please DO NOT submit paper copies of your completed application by post, as they will not be used.	
7. **Ensure that you have identified the NHS organisation that would be contracted in the event of a successful application.**	

Should you have any problem submitting your application please refer to the guidance notes or alternatively contact the NIHR CCF on: **Tel – 0208 943 8990**
Email – rfpb@nihr-ccf.org.uk

Please note that any supporting documentation that is not submitted through the website will not be considered.

* field is mandatory
(See *Guidance Information for Applicants*)

App Ref No: PB-PG-0110-21001

Research for Patient Benefit Programme

IMPORTANT
Before completing this form, please read the accompanying Guidance Information for Applicants. Note the maximum field sizes shown include both printing and non-printing characters, such as spaces and carriage returns.

THIS FORM MUST BE RETURNED BY 21 MAY, 2010.

For office use only

Reference Number:	PB-PG-0110-21001	Date submitted:

1. Application

Project Title*:

Contracting NHS Organisation*:

Project Duration *: (months)

Total funding requested *: (£'s)

Tick the box if this application is for a pilot study: ☐

2. Lead Applicant's Details

Title*: Please select..

Surname*:

Forename*

Post held*:

Department*:

Role in project*:

3. Contact Details

Institution*:

Street*:

Town/City*:

County*:

Post Code*:

Telephone*: Extension:

Mobile: Fax*:

e-mail address*:

Where did you hear about the programme*: (drop down) Please select.....
If other, please specify…. :

* field is mandatory
(See *Guidance Information for Applicants*)

App Ref No: PB-PG-0110-21001

4. Co-applicant Details

Co-applicant 1

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

Co-applicant 2

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

Co-applicant 3

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

* field is mandatory
(See *Guidance Information for Applicants*)

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Co-applicant 4

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

Co-applicant 5

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

Co-applicant 6

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail address:	
Role in project:	

5. Scientific Summary *

Background **(400-800 characters)**:

Aims **(400-800 characters)**:

Plan of Investigation **(400-800 characters)**:

Potential Impact **(400-800 characters)**:

* field is mandatory
(See *Guidance Information for Applicants*)

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6. Lay / Plain English Summary *

(600-2,000 characters)

7. Relevance of the Proposed Research to the Research for Patient Benefit Programme *

Including, for example (i) likely benefits of the proposed research to patients, (ii) implications for the further development of clinical or public health practice, (iii) potential impact on local policy-making and improvement in service delivery. **(Maximum 1,500 characters)**

8. Delivery Across the NHS *

Outlining how findings stemming from this project may be implemented within the NHS to provide improvements in service delivery, patient health and wellbeing. **(Maximum 1,500 characters)**

9. Aims of the Project *

Including the research question and where appropriate the main hypothesis to be addressed. **(Maximum 3,500 characters)**

10. Background *

Detailing the size and nature of the problem to be addressed; include a brief literature review of previous work and indicating why the applicants are well placed to carry out the work.
(Maximum 5,000 characters)

11. Research Plan and Methodology *

Include here all stages of the study design, rationale for sampling strategy, justification of sample size and where appropriate power calculation, and as full details as possible on any RCT (recruitment, allocation and blinding *etc*). Methods of data collection, measures and techniques of analysis should also be described and justified for both qualitative and quantitative designs.
(Maximum 15,000 characters)

12. Patient and Public Involvement *

Please provide details of patient and public involvement in the proposed research. Refer to the grid in question 14 and ensure that your answers here reflect the boxes ticked.
(Maximum 2,000 characters)

13. If you do not plan active public involvement in the research, please explain why not *

(Maximum 1,000 characters)

14. Proposed level and nature of public involvement in the research *

Please tick all relevant boxes

	Consultation	Collaboration	User led / user controlled
Development of the grant application	☐	☐	☐
Design and management of the research	☐	☐	☐
Undertaking the research	☐	☐	☐
Analysis	☐	☐	☐
Dissemination of research findings	☐	☐	☐

Consultation
Researchers consult members of the public about the research, *e.g.* through individual contacts, one-off meetings.

Collaboration
This includes active, on-going partnerships between researchers and members of the public, *e.g.* involvement of members of the public on the project steering group, or as research partners on a project.

User led / user controlled
Members of the public lead the research and are in control of the research. This is often, through a community or voluntary organisation led by service users.

15. Project Plan and Justification of Costs *

The project plan should indicate packages of work and their timetable (see the guidance notes). The justification of costs should outline the roles of team members and will make reference to the rationale for other key aspects of expenditure. **(Maximum 5,000 characters)**

16. Project Management *

Outlining the processes that will be put in place to ensure that the project is well managed, commenting on the management structure, identifying the project manager, meetings schedule, financial management *etc.* **(Maximum 1,500 characters)**

17. Methods of Disseminating the Findings of the Research *

How will the findings of this research be publicised in the NHS and wider healthcare community? (Academic publication plans can also be mentioned here) **(Maximum 2,000 characters)**

18. Value for Money *

Indicate where appropriate how this research will benefit the NHS outlining potential savings in terms of the treatment costs, number of patients, treatment time *etc.* **(Maximum 2,000 characters)**

19. Intellectual Property

Is there likely to be any intellectual property derived from this project?: (Yes/No) Please select..

Please provide brief details. **(Maximum 1,000 characters)**

20. Ethical Approval *

Will ethical approval be required?: (Yes/No) FORMDROPDOWN

If not, please indicate why not. **(Maximum 1,000 characters)**

21. Declaration Concerning other Applications *

Previous applications:

a) Has this application, or a similar application, previously been submitted to this funding body?: (Yes/No) Please select...

b) Has this application, or a similar application, previously been submitted to any other funding body?: (Yes/No) Please select...

If you have answered **Yes** to question **b** above please complete the remainder of question 21*.

Title of previous application:

Lead applicant's surname:

Lead applicant's forename:

Funding body to whom it was submitted:

Outcome:
Please Select... If pending, please state when an outcome is expected:

If unsuccessful, please indicate why: (Maximum 1,000 characters)

22. Other Information

Sources of information:

Please indicate any other organisations (*e.g.* Research Design Services) that you have contacted in the course of preparing this application and describe their input. **(Maximum 2,000 characters)**

23. References

Please enter any references which have been cited in your application here.
(Maximum 6,500 characters)

24. Monitoring Information *

Department of Health Monitoring
In order to categorise applications, the following list of research areas has been provided. Please categorise your research using the following selection boxes. This information will be used solely for monitoring.

Main subject of the research – choose the most appropriate category from the UKCRC Health Categories list AND the most appropriate from the UKCRC detailed list of Research Activity Codes. For guidance please see the UKCRC Health Research Analysis, which can be found at http://www.ukcrc.org/ .

(For example: Health Category – Cardiovascular AND Research Activity Code – 6.4 Evaluation of Treatment, surgery)

Health Categories: (Please tick all that apply…..)

- Blood ☐
- Cancer ☐
- Cardiovascular ☐
- Congenital Disorders ☐
- Ear ☐
- Eye ☐
- Infection ☐
- Inflammatory and Immune System ☐
- Injuries and Accidents ☐
- Mental Health ☐
- Metabolic and Endocrine ☐
- Musculoskeletal ☐
- Neurological ☐
- Oral and Gastrointestinal ☐
- Renal and Urogenital ☐
- Reproductive Health and Childbirth ☐
- Respiratory ☐
- Skin ☐
- Stroke ☐
- Generic Health Relevance ☐
- Other (please specify) ☐

……..

Research Activity Codes: (For each category please tick all that apply…..)

1 Underpinning Research
- 1.1 Normal biological development and functioning ☐
- 1.2 Psychological and socioeconomic processes ☐
- 1.3 Chemical and physical sciences ☐
- 1.4 Methodologies and measurements ☐
- 1.5 Resources and infrastructure (underpinning) ☐

2 Aetiology
- 2.1 Biological and endogenous factors ☐
- 2.2 Factors relating to physical environment ☐
- 2.3 Psychological social and economic factors ☐
- 2.4 Surveillance and distribution ☐
- 2.5 Research design and methodologies (aetiology) ☐
- 2.6 Resources and infrastructure (aetiology) ☐

3 Prevention of Disease and Conditions and Promotion of Well-Being
- 3.1 Primary prevention interventions to modify behaviours or promote well-being ☐
- 3.2 Interventions to alter physical and biological environmental risks ☐

* field is mandatory
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3.3 Nutrition and chemoprevention ☐
3.4 Vaccines ☐
3.5 Resources and infrastructure (prevention) ☐

4 Detection Screening and Diagnosis

4.1 Discovery and preclinical testing of markers and technologies ☐
4.2 Evaluation of markers and technologies ☐
4.3 Influences and impact ☐
4.4 Population screening ☐
4.5 Resources and infrastructure (detection) ☐

5 Development of Treatments and Therapeutic Interventions

5.1 Pharmaceuticals ☐
5.2 Cellular and gene therapies ☐
5.3 Medical devices ☐
5.4 Surgery ☐
5.5 Radiotherapy ☐
5.6 Psychological and behavioural ☐
5.7 Physical ☐
5.8 Complementary ☐
5.9 Resources and infrastructure (development of treatments) ☐

6 Evaluation of Treatments and Therapeutic Interventions

6.1 Pharmaceuticals ☐
6.2 Cellular and gene therapies ☐
6.3 Medical devices ☐
6.4 Surgery ☐
6.5 Radiotherapy ☐
6.6 Psychological and behavioural ☐
6.7 Physical ☐
6.8 Complementary ☐
6.9 Resources and infrastructure (evaluation of treatments) ☐

7 Management of Diseases and Conditions

7.1 Individual care needs ☐
7.2 End of life care ☐
7.3 Management and decision making ☐
7.4 Resources and infrastructure (disease management) ☐

8 Health and Social Care Services Research

8.1 Organisation and delivery of services ☐
8.2 Health and welfare economics ☐
8.3 Policy ethics and research governance ☐
8.4 Research design and methodologies ☐
8.5 Resources and infrastructure (health services) ☐

For each category below please tick all that apply

Research Team:

- Academic ☐
- Allied health profession ☐
- Clinician - GP ☐
- Clinician - hospital ☐
- NHS Manager ☐
- NHS Scientist ☐
- Patient ☐
- Other *(please specify)* ☐

…….

Type of research/methodology:

- Clinical trial – phase I, II, III or IV ☐
- Cohort study ☐
- Epidemiological ☐
- Meta analysis ☐
- Qualitative study ☐
- Retrospective review ☐
- Survey ☐
- Systematic review ☐
- Other *(please specify)* ☐

…….

Setting in which research will take place:

- Primary care ☐
- Secondary care ☐
- Specialist centre ☐
- Community ☐
- Interface (between any of the above) ☐

Subjects of research:

- Children ☐
- Elderly ☐
- Other *(please specify)* ☐

…….

For each question please select a response from the drop down box below:

Region in which research will take place:	Please select.....
Is the research multicentre?	Please select.....
Place of work of lead applicant: *(If other please specify……)*	Please select.....
Profession of lead applicant:	Please select.....

* field is mandatory
(See *Guidance Information for Applicants*)

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Research Design Services (RDS) support those developing RfPB submissions. We would value your feedback on the services you received from your RDS in order to improve service; your individual comments will not be attributed to you.

1. Did you contact the RDS? Please select..... If so, please indicate in which region: Please select.....

   If not, was this because: *(please tick all that apply)*

   You felt your team already has sufficient methodological expertise? ☐

   You were unaware of RDS support available? ☐

   Other, please specify:

2. How satisfied overall were you with the input of the RDS? Please select.....

3. To what extent do you feel the quality of your proposal improved as a result of RDS involvement? Please select.....

4. Please comment on your responses above and add any other comments about your experience of using the RDS. **(Maximum 1,000 characters)**

25. Application Finances*

Please provide a breakdown of the costs of the project **on the associated finance form**. **Submit a completed finance form for each collaborating organisation to the website.** Please ensure that all research, support and treatment costs (including excess treatment costs) are detailed and indicate whether you wish to claim up to 80% FEC or 100% of the total cost.

26. Suggestion of Peer Reviewers

Please suggest three potential peer reviewers who have the relevant expertise to provide appropriate peer review for your application. These reviewers should be independent and have no conflict of interest with respect to your application. Your suggestions will be used as only one source of peer reviewers and may not be approached to undertake this review.

Reviewer 1

Title: Please select..

Surname:

Forename:

Department:

Institution:

Telephone:

e-mail address:

Reviewer 2

Title: Please select..

Surname:

Forename:

Department:

Institution:

Telephone:

e-mail address:

Reviewer 3

Title: Please select..

Surname:

Forename:

Department:

Institution:

Telephone:

e-mail address:

27. Declarations and Signatures*

Please print this page, have it authorised and return it by post to the address below.

In order for your application to be accepted you are required to gain approval from the relevant authorities within your Trust. These approvals are required to ensure that the costs submitted are agreed by the host institution as an accurate estimate of the cost of undertaking the proposed research. These approvals must be in the form of a "wet ink" signature. Failure to submit this agreement will result in your application being rejected. In the event of a successful application a contract will be formed with the Trust.

The Declarations and Signatures page must be completed and returned by 28 May 2010.

Project Reference: ……

Title: ……

……

Lead Applicant: ……

Contracting Institution: ……

Region in which research will take place: Please select.....

Institutional stamp:

I confirm that the information given on this form is complete and correct, that all co-applicants mentioned on this form have seen a copy of this application; and that I shall be actively engaged in this project and responsible for its overall management. **Signed:** …… **Date** …… **(Lead Applicant)**
I confirm that I have checked the financial details of application (PB-PG-0110-21001) and that this institution is prepared to carry out this project at the stated costs and to administer the award if made. The staff grades and salaries quoted are correct and in accordance with the normal practice of this institution. **Signed** …… **Date** …… **(Finance Officer from the Trust)**
I confirm that I have read this application and that, if funded, the work will be accommodated and administered in this institution and that the applicants for whom we are responsible may undertake this work. **Signed** …… **Date** …… **(Representative of the Trust hosting the research *e.g.* clinical director, R&D manager or Chief Executive)**

IN ORDER FOR YOUR APPLICATION TO BE ACCEPTED, THE DECLARATIONS AND SIGNATURES FORM MUST BE SIGNED BY THE RELEVANT AUTHORITIES FROM YOUR TRUST AND RETURNED TO THE POSTAL ADDRESS BELOW, BY STRDECLARATIONRETRUNDATE.

NIHR CCF
PO BOX 407
TEDDINGTON
TW11 0XX

* field is mandatory
(See *Guidance Information for Applicants*)

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